

DRAFT

3. Strengths and Capacity to build a *Vision For Montana*

3.1. The Montana Interagency Coordinating Council for State Prevention Programs can provide the critical leadership to advocate for the focus on prevention, catalyze actions across agencies, spearhead the development of the plan, and support the implementation of the plan elements.

History:

The Montana Interagency Coordinating Council for State Prevention Programs was created in 1993 by the Montana Legislature (Statute 2-15-225) during a special legislative session. In 1996, the Prevention Resource Center was created within the Montana Department of Public Health and Human Services to staff the Interagency Coordinating Council (ICC) as well as operate a large scale AmeriCorps\*VISTA (Volunteer in Service to America) grant.

The council is charged with:

- developing, through interagency planning and cooperation, comprehensive and coordinated prevention programs that will strengthen the healthy development, well-being, and safety of children, families, individuals, and communities;
- developing appropriate interagency prevention programs and services that address the problems of at-risk children and families and that can be provided in a flexible manner to meet the needs of those children and families;
- ensuring that a balanced and comprehensive range of prevention services is available to children and families with specific or multiagency needs; and,
- assisting in the development of cooperative partnerships among state agencies and community-based public and private providers of prevention programs.

The ICC has been able to adapt and be flexible given the political, financial, and priority landscape since 1993. The ICC is now institutionalized within state government. The Council started with over 23 ambitious goals, and narrowed the focus to the aforementioned five focusing on youth specifically. The most current theory, research, and data related to youth substance abuse prevention indicate that harm can be reduced and prevented at the population level.

Currently, the council has identified five specific goals:

- Reducing child abuse and neglect by promoting child safety and healthy family functioning;
- Reducing use by youth of tobacco, alcohol, and other drugs by promoting alternative activities and healthy lifestyles;
- Reducing youth violence and crime by promoting the safety of all citizens;
- Reducing the school dropout rate by increasing the percentage of high school students who successfully transition from school to work, post-secondary education, training, and/or the military; and

- Reducing teen pregnancy and sexually transmitted diseases by promoting the concept that sexual activity, pregnancy, and child rearing are serious responsibilities.

Members of the council\*\* (and subsequent work group) are the:

- Attorney General
- Director of the Department of Public Health and Human Services
- Superintendent of Public Instruction
- Presiding officer of the Montana Children's Trust Fund board
- Administrator of the Board of Crime Control
- Commissioner of Labor and Industry
- Director of the Department of Corrections
- State Coordinator of Indian Affairs
- Director of the Department of Transportation
- Director of the Department of Revenue
- Commissioner of Higher Education
- Two people appointed by the governor who have experience with private or nonprofit prevention programs and services
- Designated representative of a state agency who wants to participate and is acceptable to a majority of the other members

\*\*Members of the ICC and the work group are volunteers.

The ICC goals and benchmarks directly align with the Department of Public Health and Human Services, Prevention Resource Center's Mission Statement: *create and sustain a coordinated, comprehensive system of prevention services in the State of Montana.*

The ICC has developed the following guidelines, which align with the public health model; functioning and working towards the ideal prevention infrastructure.

- Effective prevention incorporates strategies that are evidence-based, grounded in current theory and data, and developmentally appropriate for the population served.
- Effective prevention takes into account the complex environment within which youth live, work and play (family, peer, institutional, community and cultural influences on behavior)
- Effective prevention must be collaborative, involving all members of the community (family, schools, campuses, law enforcement, hospitality industry, etc.)
- Effective prevention must be comprehensive: no one strategy alone will make a substantive impact. Strategies should target two levels of influence:
  - Individual (education, early intervention, treatment)
  - Environmental (restricting access, limiting marketing, creating and enforcing community & state laws and policies)

#### Successes:

Success for the ICC and its work group has relied upon high level “buy in” from the statutorily required and Governor appointed community representatives; the commitment of the partnering organizations; and, the willingness to move as a whole effort toward overall goals and strategies rather than operate as independent parts.

The structure of the ICC has provided the ability to share and coordinate resources as well as poise the state for federal funding opportunities. For example, having the ICC structure in place, provided a high level framework for Montana’s success in securing grants from the Substance Abuse Mental Health Services Administration (SAMHSA) specifically the initial State Incentive Grant, then the following Strategic Prevention Framework State Incentive Grant (SPF SIG – Cohort 2), and the recent Strategic Prevention Enhancement Grant. Also, this framework provides sustainable structure to adapt to changing landscapes and priorities while building prevention capacity and infrastructure at the state and community levels in Montana. For example, the structure provided a backbone to the Montana Office of Public Instruction’s successful grant application for resources to develop the Montana Substance Abuse and Violence Prevention Task Force under a School Climate grant. This particular grant looked at the resources and strategies that schools could access and sustain in the absence of the Department of Education Safe and Drug Free funds toward addressing and preventing substance abuse and violence in schools. This work is now complete and is aligning within the ICC work group structure in order to continue to move forward.

The stability of the ICC structure has also provided a backbone to the continued success of securing the Prevention Resource Center’s AmeriCorps \* VISTA (Volunteer in Service to America) grant each year. This grant addresses poverty and poverty related consequences, and its purpose is to link the ICC and local communities with a statewide prevention system, creating a unique federal, state and local partnership.

#### **The ICC matches up with the ideal components of a functioning State/Tribal SPE Policy Consortium.**

For example, Montana is moving toward developing memoranda of understanding that specify the roles and expectations of each agency/authority represented in the consortium. It is anticipated that this step would occur in year 2 of the SPE Plan. To this point, and historically, informal agreements have been in place. Memoranda of understanding will formalize the commitment to move toward *true* collaboration. The ICC’s infrastructure is in place and through its membership has the lead agencies/authorities representing substance abuse, education, justice, highway safety, law enforcement, and can expand to adding mental/behavioral health, public health, primary health care, and tribal healthcare.

The ICC and its work group are at the point of establishing agreements for effective data-driven funding allocation methods related to high need communities to implement their community-based prevention plans.

As the ICC has become more sophisticated decisions are driven by data and needs, and the Strategic Prevention Framework is followed. Montana has a strong and well functioning State Epidemiological Workgroup that has created data-driven community epidemiological profiles that identify communities of greatest need and highest risk. Recent state agency funding decisions have put resources in areas of greatest need and highest risk. For example, Center for Substance Abuse Prevention Block grant dollars fund environmental prevention strategies in local Montana communities where there is greatest need as indicated on the epi profile. The doorway to these communities has been opened so that other state level programs can provide resources. An example is the partnership of training local retail establishment's staff on responsible alcohol sales and service. Also, substance abuse prevention dollars and the Enforcing of Underage Drinking (EUDL) dollars were distributed in a coordinated effort in 2011, with substance abuse prevention dollars aimed at capacity building and broad based environmental prevention efforts, and the EUDL funds at specific activities in communities. Montana communities were able to leverage resources to meet community and individual prevention domains.

The State Epidemiological Workgroup has primarily focused on substance abuse related components and indicators, and through the SPE Consortium efforts, is also now looking at associated problems and contributing factors with substance abuse to include depression and suicide.

Examples of coordinated data efforts thus far with the ICC:

- ICC Goals and Benchmarks – updated at least every two years using Healthy People 2010 and 2020 as the goals.
- Kids Count Advisory and Epidemiology Work Group partnership
- BRFSS State Work Group – adult risk factors for binge drinking, prescription drug abuse and misuse and suicide.
- Community profile prioritization of resources for the highest need communities with regular updates to track onset and progression of substance use-related problems.

A functioning State/Tribal training and technical assistance system are emerging as a result of the SPE consortium. The ICC members have access to internal training and technical assistance, and when opportunities or needs are identified, these resources are made available to communities and partnering organizations. The next step would be to formalize training and technical assistance in a comprehensive streamlined manner. Areas that the ICC members can gather around include:

- developing and implementing a comprehensive data-driven strategic prevention plan;
- implementing selected evidence-based prevention programs, policies and practices with fidelity; and

- developing and implementing a process and outcomes evaluation.

Current status is that individual agencies and communities are at varying levels of sophistication in the need for training and technical assistance, particular with behavioral health and the integration of physical health. Clearly, the connection to Tribes is complicated. Cultural humility and cultural competency training and technical assistance is an ongoing, multi-level need. Next steps in the planning process in years 1-3 would be to identify this as a function in the memorandum of agreements, and assess and re-assess training and technical needs with a specific emphasis on working with and together with tribes.

Montana was in Cohort 2 of the Strategic Prevention Framework State Incentive Grant, and did not develop an Evidence Based Work Group. The next capacity development piece that the state is ready to develop and implement is the Evidence Based and practiced based evidence prevention program criteria to meet the unique rural and frontier needs of the state. The next step is to develop an Evidence Based work group in year 2 to match effective strategies with high needs areas. The focus of the Evidence Based Work Group will be to oversee and help implement both a process and criteria for selecting evidence-based programs, policies, and practices that encompass substance abuse and relate consequences.

Vision and Readiness to carry forward SPE:

Success hinges on high level buy in, and then a commitment to follow through. With the ICC Legislation and framework intact, the institutionalization of the work and coordination of programs, practices and resources, the ICC and the work group are in a place to move to a level of *true* collaboration. There is a commitment across state agencies to look across state program and collapse silo-ed strategies and resources. The ICC has the leverage and ability to change the conversation in the state from a reactive approach to a health promotion and wellness approach across sectors in reducing the consequences of underage drinking and adult binge drinking, prescription drug abuse and misuse, and suicide.

To demonstrate readiness, the ICC and the work group have employed Multi-Pronged Strategies through supporting and participating in Policy Efforts:

- Legislative Policies:
  - Expanded membership on the ICC to include broader state government involvement.
  - School Drop Out studies
  - Graduated Driver's license implementation
  - DUI studies
  - Banning alcohol energy drinks
  - Statewide implementation of Alcohol Server Education
  - Social Host implementation statewide (although failed)
  - Authority to give counties the ability to leverage a local prevention tax
- Operational Policies

- Meth Policy Academy
- Anti-bullying model policies
- Merchant Education/Responsible Alcohol Sales and Service training implementation
- Strengthened Traffic Education curriculum for Montana Students through providing curriculum suggestions and tools.
- Alcohol product labeling
- Assessment of MIP laws in Montana
- Health care screening and support of SBIRT

Additionally, the ICC and it's work group have focused on developing Media, Public Education and Community Resources:

- Parentpower campaign through consistency in messaging and changing social norms that specifically address parents as the number one influence in a youth's life in their decision to drink alcohol or consumer other illegal drugs and legal drugs illegally.
- Prevention Coalition Directory
- State Resource Directory

Current publicly funded substance abuse prevention efforts are anchored to the Interagency Coordinating Council for State Prevention programs. The schematic below demonstrates the inter-relatedness of current and proposed future prevention efforts.

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